

Name
in
Full

Leather E. Angel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

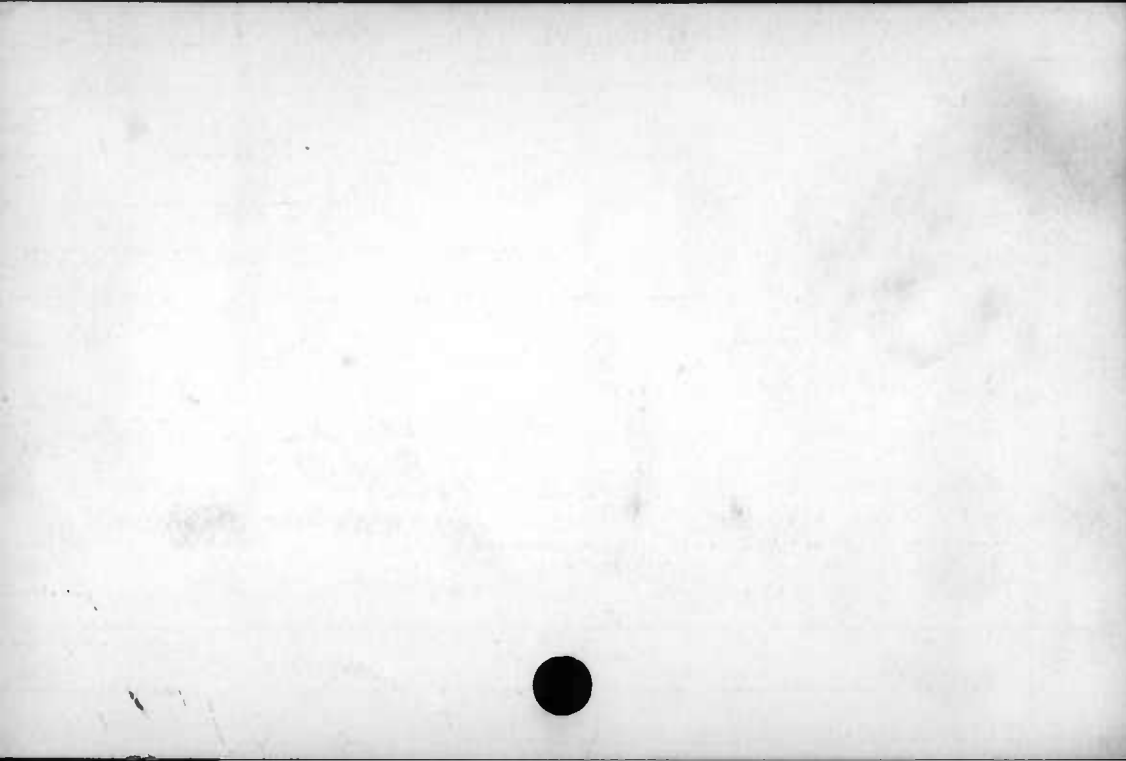
| | | | | | | | |
|---------------------------------------|-------------|------------------------|---------------|---|-----------|-------------------------|--------------------------------------|
| Died at <i>Near Toneytown</i> | | Town | | County <i>Carroll</i> | | MARYLAND | |
| Date of death | <i>1908</i> | Month | <i>May</i> | Day | <i>17</i> | Age | Years <i>8</i> Months <i>14</i> Days |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Ind</i> |
| Occupation | <i>None</i> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name | | <i>Arthur Angel</i> | | | | Father's Birthplace | <i>Ind</i> |
| Mother's Maiden Name | | <i>Mamie Zimmerman</i> | | | | Mother's Birthplace | <i>Ind</i> |
| Name of person giving information | | <i>Arthur Angel</i> | | | | How related to deceased | <i>Father</i> |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|---------------|
| Primary | <i>Pneumonitis</i> | How long | <i>3 days</i> |
| Immediate | <i>Exhaustion & heart infarction</i> | How long | <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>Yes</i> | | <i>Charles B. Rupp</i> | |
| Address | | <i>Toneytown</i> | |
| Accident or Suicide? | | <i>Ind.</i> | |



Name
in
Full

Leopold Ascher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

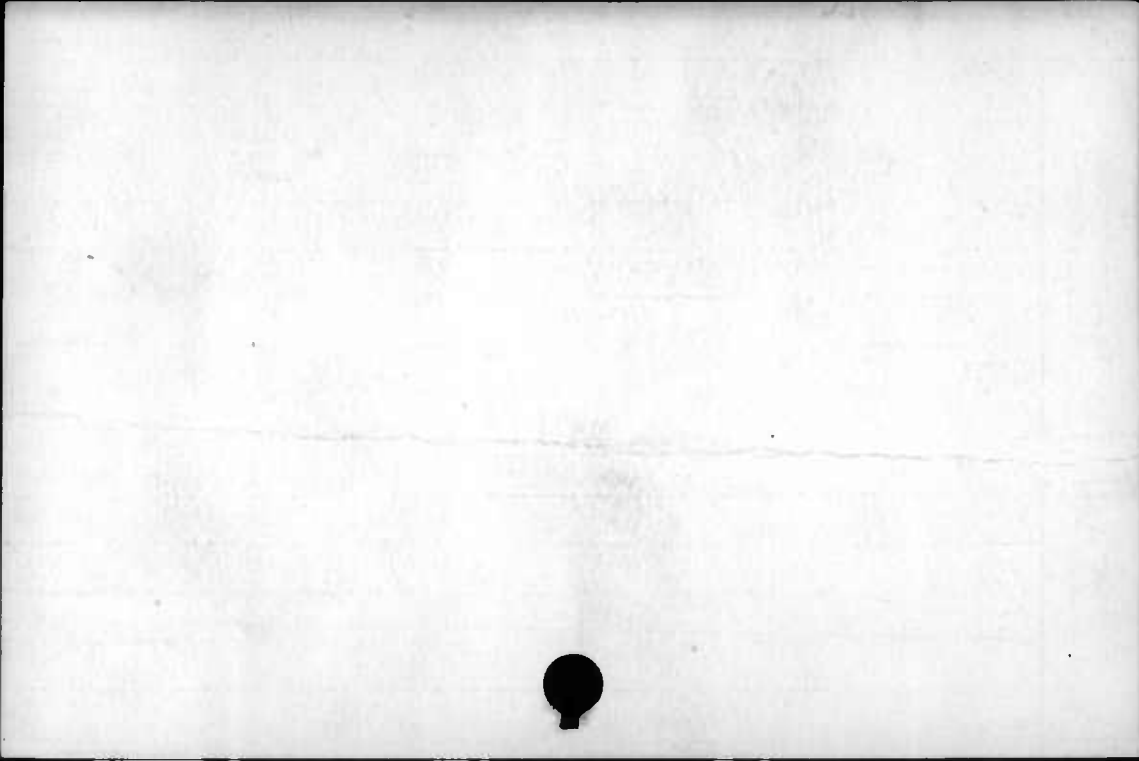
| | | | | | | | |
|---|----------------------------|--|---|-----------------------|--------|---------|--|
| Died at <i>Springfield Hospital</i> | | Town <i>Springfield</i> | | County <i>Curroll</i> | | MAYLAND | |
| Date of death <i>1908</i> | Month <i>May</i> | Day <i>10th</i> | Age <i>57</i> | Years | Months | Days | |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Germany</i> | | | | |
| Occupation <i>Paper-hanger</i> | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Rose Ascher</i> | | | | | |
| Father's Name <i>Isidor Ascher</i> | | Father's Birthplace <i>Germany</i> | | | | | |
| Mother's Maiden Name <i>Henrietta</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving information <i>Hospital records</i> | | How related to deceased | | | | | |

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------------|--|--------------------|
| Primary | <i>Organic Dementia</i> | How long | <i>about 2 yrs</i> |
| Immediate | <i>Central ecclerema</i> | How long | <i>" 2 months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Chas. J. Carey</i> | |
| | | Address <i>Sydneyville Ind.</i> | |
| Accident or Suicide? <i>no</i> | | | |



| | | | | | | | |
|---|---------------------|--------------------------|-------|---|-------------------------|----------------------|--------------------------|
| Name in Full | | Upton Stansfield Beasman | | | | CERTIFICATE OF DEATH | |
| Died at | | Town | | County | | MARYLAND | |
| near Louisville | | Carroll | | | | | |
| Date of death | 1908 | Month | May | Day | 13 | Age | Years — Months — Days 26 |
| Sex | male | Color or Race | White | Birth-place | | Carroll Co. Ind. | |
| Occupation | none | | | Where Residing if not at place of death | | same | |
| Married, Single or Widowed | — | | | Name of Wife or Husband | | — | |
| Father's Name | H. F. Beasman | | | | Father's Birthplace | Ind. | |
| Mother's Maiden Name | Annie R. Stansfield | | | | Mother's Birthplace | Ind. | |
| Name of person giving information | H. F. Beasman | | | | How related to deceased | Father | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="float: right; border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">92</div> | | | | | | | |
| Primary | | Broncho-pneumonia | | | | How long 1 week | |
| Immediate | | meningitis | | | | How long 1 day. | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | W. D. Hovv is | |
| | | | | Address | | Eldersburg Ind. | |
| Accident or Suicide? | | no | | | | | |



Name
in
Full

Twins of R. R. Bennitt

CERTIFICATE OF DEATH

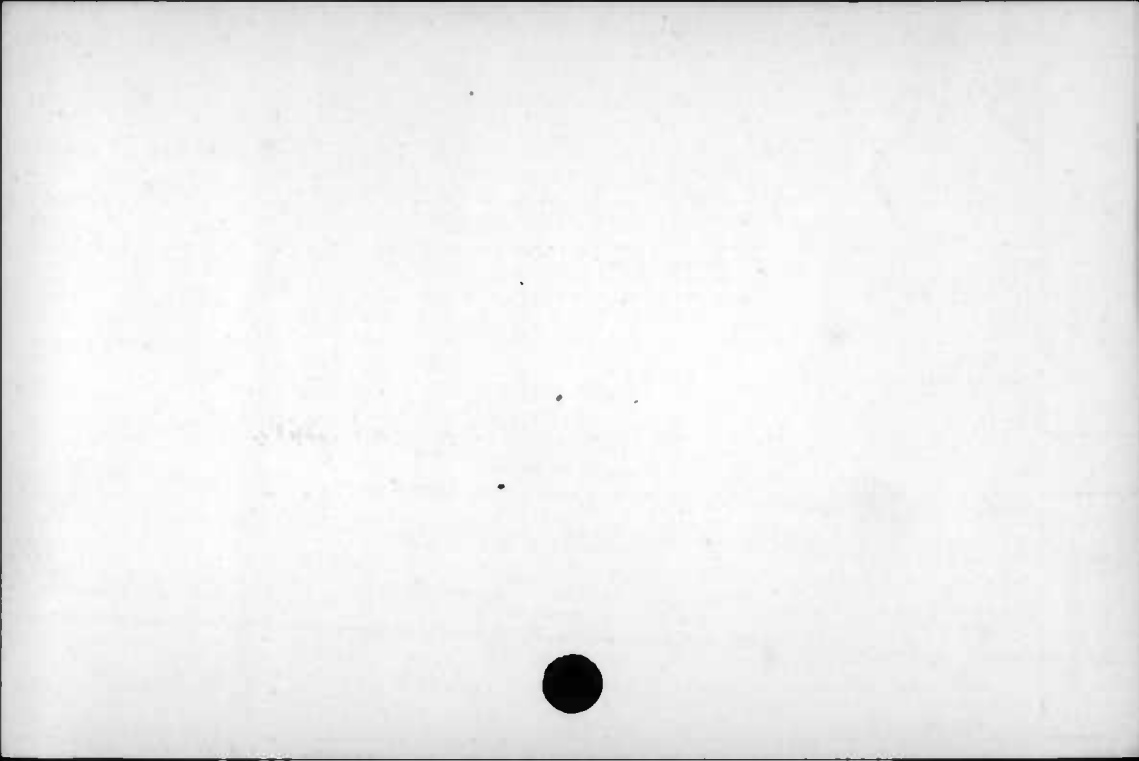
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|---|---------------------------------------|-----------------|---------------|
| Died at <i>Bennitt</i> | | County <i>Carroll</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>May</i> | Day <i>20</i> | Age <i>—</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>male & Female</i> | Color or Race <i>white</i> | | Birth-place <i>Carroll Co. Md</i> | | |
| Occupation <i>none</i> | | Where Residing if not at place of death <i>same</i> | | | |
| Married, Single or Widowed <i>—</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>R. R. Bennitt</i> | | | Father's Birthplace <i>md.</i> | | |
| Mother's Maiden Name <i>Hannie Stern</i> | | | Mother's Birthplace <i>md</i> | | |
| Name of person giving information <i>R. R. Bennitt</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Premature birth. 5 mos.</i> | How long <i>—</i> |
| Immediate | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>MD Morris</i> |
| | Address <i>Eldersburg</i> |
| Accident or Suicide? <i>nd.</i> | |



Name
in
Full

Marie Bonnotte

352
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--------------------|----------------------------------|--|-------------------------|----------------|
| Died at <i>Wilmers</i> ^{Town} | | <i>Carroll</i> ^{County} | | MARYLAND | |
| Date of death | <i>1908</i> | Month | <i>May</i> | Day | <i>10</i> |
| Age | | <i>56</i> | Years | Months | <i>—</i> |
| Sex | <i>female</i> | Color or Race | <i>White</i> | Birth-place | <i>France</i> |
| Occupation | <i>Teacher</i> | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed | <i>Married</i> | Name of Wife or Husband | <i>Ferdinand Bonnotte</i> | | |
| Father's Name | <i>Lorou</i> | | | Father's Birthplace | <i>France</i> |
| Mother's Maiden Name | <i>do not know</i> | | | Mother's Birthplace | <i>France</i> |
| Name of person giving information | <i>J Bonnotte</i> | | | How related to deceased | <i>Husband</i> |

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------------|------------------------|----------------------|
| Primary | <i>Cirrhosis of the liver</i> | How long | <i>—</i> |
| Immediate | <i>—</i> | How long | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>E M. Sullivan</i> |
| | | Address | <i>146 Main St</i> |
| Accident or Suicide? | | | |

Shaver

St John's Cemetery

Name
in
Full

Elizabeth E Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Laneytown* ^{County} *Carroll* **MARYLAND**

Date of death 1908 ^{Month} *May* ^{Day} *24* ^{Years} *1* ^{Months} *9* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Wom* Where Residing if not at place of death

~~Married~~ *Single* Name of Wife or Husband

Father's Name *Curtis E Bowers* Father's Birthplace *Ind*

Mother's Maiden Name *Fannie McKiser* Mother's Birthplace *Ind*

Name of person giving information *Curtis Bowers* How related to deceased *Father*

CAUSES OF DEATH

⑦

PHYSICIAN
OR CORONER

Primary *Scarlatina* How long *4 days -*

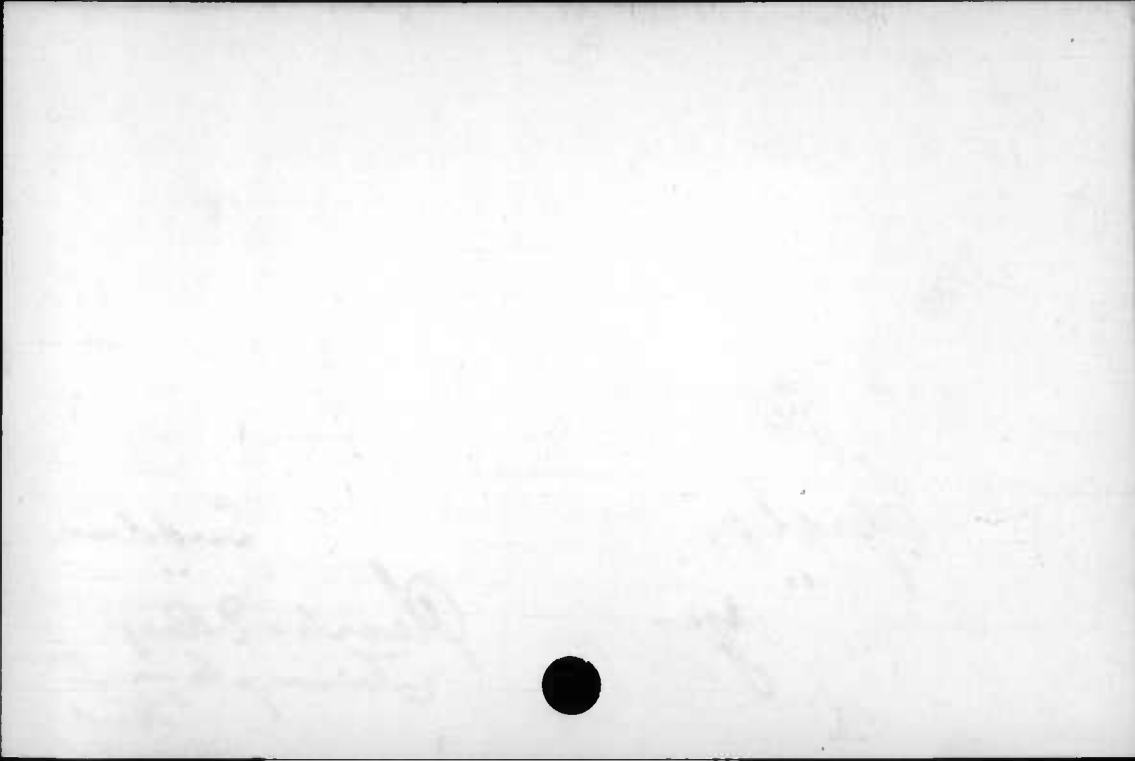
Immediate *Hyperpyrexia heart failure* How long *3 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

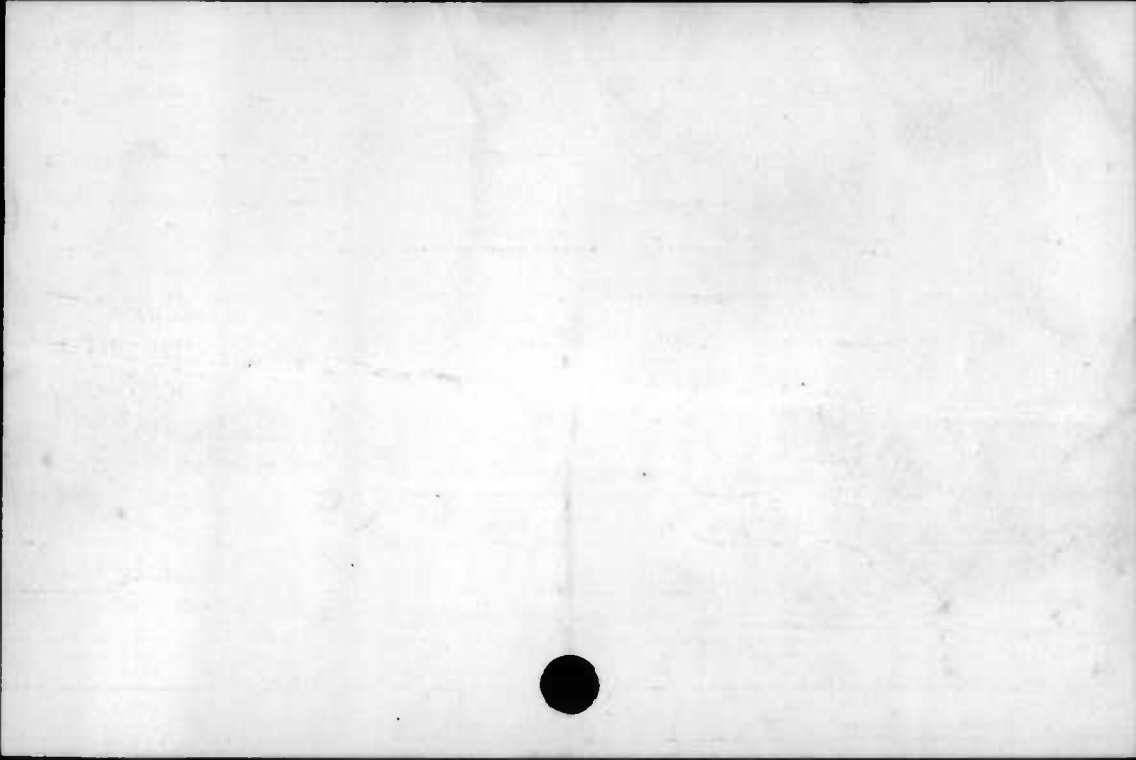
Signature of Physician *H. H. Sins. M.D.*

Address *Laneytown*

Accident or Suicide? *No*



| Name in Full | | Certificate of Death | | | |
|---|--|--|--|---|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Eldersburg</i> <small>Town</small> | | County <i>Carroll</i> | |
| | | Date of death <i>1908</i> <small>Month</small> <i>May</i> <small>Day</small> <i>23</i> | | Age <i>—</i> <small>Years</small> <i>—</i> <small>Months</small> <i>—</i> <small>Days</small> | |
| | | Sex <i>male</i> | | Color or Race <i>black</i> | |
| | | Occupation <i>none</i> | | Birth-place <i>Maryland</i> | |
| | | Where Residing if not at place of death <i>same</i> | | | |
| | | Married, Single or Widowed <i>—</i> | | Name of Wife or Husband <i>—</i> | |
| | | Father's Name <i>Henry Bowman</i> | | Father's Birthplace <i>Ind</i> | |
| Mother's Maiden Name <i>Jeanne Broddus</i> | | Mother's Birthplace <i>Ind</i> | | | |
| Name of person giving information <i>Henry Bowman</i> | | How related to deceased <i>Father</i> | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Still born</i> | | How long <i>—</i> | |
| | | Immediate <i>—</i> | | How long <i>—</i> | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>M. D. Hoeris</i> | |
| | | Address <i>Eldersburg</i> | | | |
| Accident or Suicide? <i>No.</i> | | <i>Ind.</i> | | | |



Name
in
Full

Sidney A Coats

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------------------|----------------------------------|---|----------------------------|----------------------------|
| Died at <u>Takemytown</u> ^{Town} | | <u>Carroll</u> ^{County} | | MARYLAND | |
| Date of death | <u>1908</u> ^{Month} | <u>May</u> ^{Day} | <u>22</u> ^{Age} | <u>52</u> ^{Years} | <u>9</u> ^{Months} |
| Sex | <u>Female</u> | Color or Race | <u>colored</u> | Birth-place | <u>Ind co Ind</u> |
| Occupation | <u>Housewife</u> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <u>Married</u> | Name of Wife Husband | <u>Albert Coats</u> | | |
| Father's Name | <u>Unknown</u> | | | Father's Birthplace | <u>Unknown</u> |
| Mother's Maiden Name | <u>Urtia Hayes</u> | | | Mother's Birthplace | <u>Unknown</u> |
| Name of person giving information | <u>Mrs Bivens</u> | | | How related to deceased | <u>Daughter</u> |

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------|------------------------|----------------------------|
| Primary | <u>Apoplexy</u> | How long | <u>Sudden</u> |
| Immediate | <u>"</u> | How long | <u>"</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <u>Charles E. Roop</u> |
| <u>yes</u> | | Address | <u>Trinity Church Ind.</u> |
| Accident or Suicide? | | | |



Name
in
Full

Henry Conway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

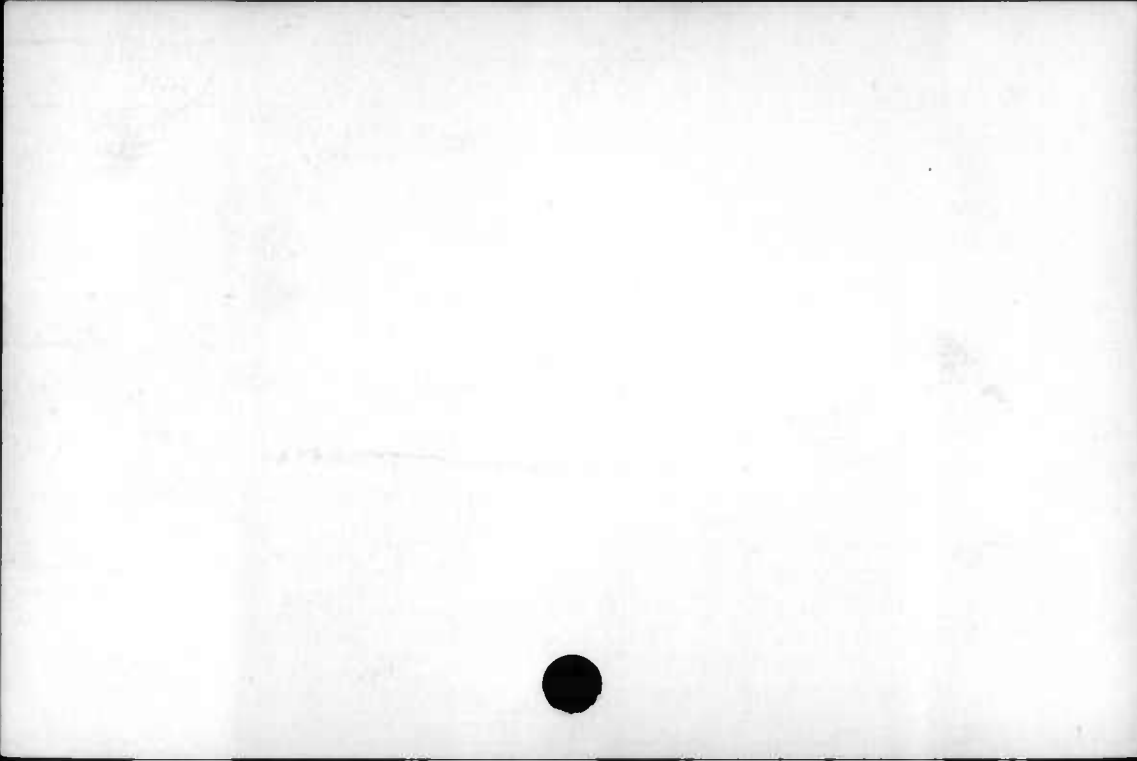
| | | | | | |
|-------------------------------------|---------|---|-----|-------------------------|------------------|
| Died at <i>Springfield Hospital</i> | | County <i>Searrall</i> | | MARYLAND | |
| Date of death | 1908 | Month | May | Day | 30 th |
| Age | | Years | | Months | Days |
| Sex | | Color or Race | | Birthplace | |
| male | | White | | md | |
| Occupation | | Where Residing if not at place of death | | | |
| Lawyer | | | | | |
| Married, Single or Widowed | married | Name of Wife or Husband | | | |
| Name | | Unknown | | | |
| Father's Name | | Daniel Conway | | Father's Birthplace | |
| | | | | Ireland | |
| Mother's Maiden Name | | Mary McVeigh | | Mother's Birthplace | |
| | | | | " | |
| Name of person giving information | | Hospital records | | How related to deceased | |
| | | | | | |

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|-----------------|
| Primary | Organic dementia | How long | about 3 1/2 yrs |
| Immediate | Exhaustion | How long | progressive |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes | | Chas. J. Carey | |
| | | Address | |
| | | Sykesville Md. | |
| Accident or Suicide? | | | |
| no | | | |



Name
in
Full

Ellen Conyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

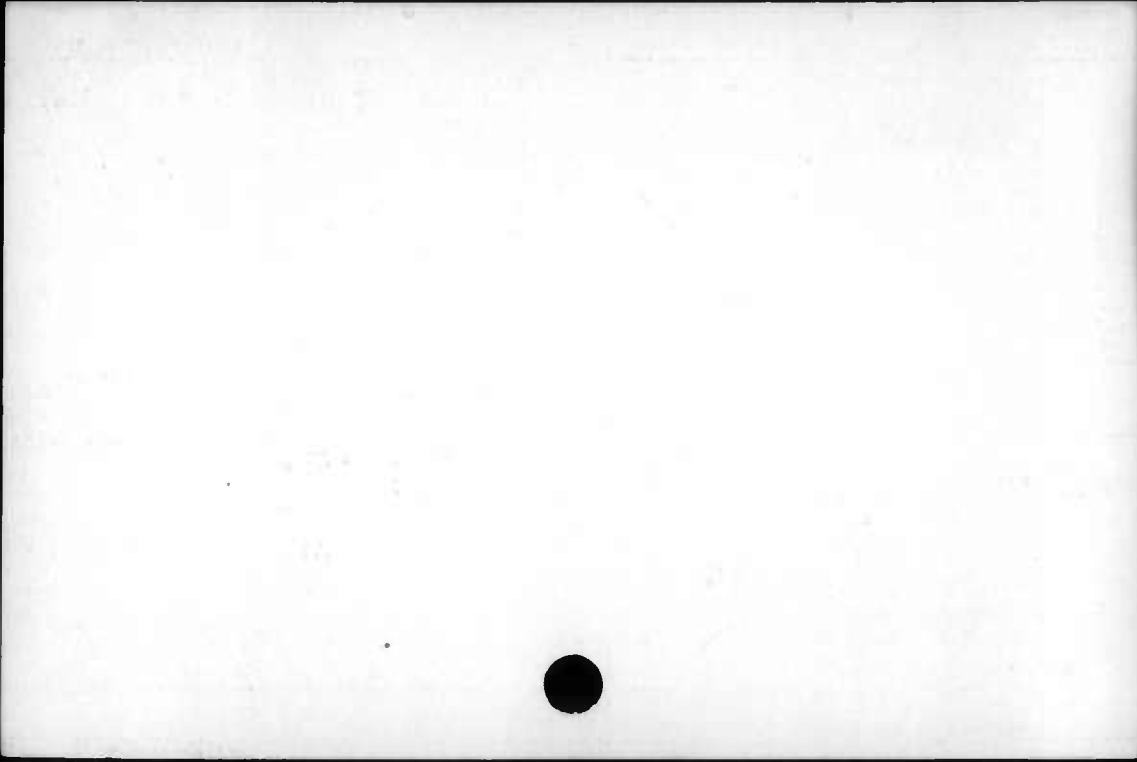
| | | | | | |
|---|---------------|----------------------------------|--------------|-------------------------|------------------------|
| Died at <i>Lykesville</i> ^{Town} | | <i>Carroll</i> ^{County} | | MARYLAND | |
| Date of death | <i>1908</i> | Month | <i>May</i> | Day | <i>22nd</i> |
| Age | | <i>60</i> | Years | Months | Days |
| Sex | <i>Female</i> | Color or Race | <i>White</i> | Birth-place | <i>Md.</i> |
| Occupation | | <i>None</i> | | | |
| Where Residing if not at place of death | | — | | | |
| Married, Single or Widowed | | <i>Single</i> | | | |
| Name of Wife or Husband | | — | | | |
| Father's Name | | <i>William Conyer</i> | | Father's Birthplace | |
| | | | | <i>Unknown</i> | |
| Mother's Maiden Name | | <i>Unknown</i> | | Mother's Birthplace | |
| | | | | <i>Unknown</i> | |
| Name of person giving information | | <i>Hospital Records</i> | | How related to deceased | |
| | | | | — | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|---------------------|
| Primary | <i>Senile Dementia</i> | How long | <i>over 3 years</i> |
| Immediate | <i>Cerebral Effusion with exhaustion</i> | How long | <i>?</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | |
| Signature of Physician | | <i>John Norfolk Morris M. D.</i> | |
| Address | | <i>Springfield State Hospital Lykesville, Carroll Co. Md.</i> | |
| Accident or Suicide? | | — | |



| Name in Full | | 7-53 CERTIFICATE OF DEATH | | | |
|---|--|------------------------------|---------------------------------------|---|----------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Westminster</i> ^{Town} | | <i>Carroll</i> ^{County} | | MARYLAND |
| | Date of death <i>1908</i> | Month <i>May</i> | Day <i>10</i> | Age | Years Months Days <i>3</i> |
| | Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | |
| | Occupation <i>—</i> | | | Where Residing if not at place of death | |
| | Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | |
| | Father's Name <i>Ernest B. Dell</i> | | | Father's Birthplace <i>Maryland</i> | |
| | Mother's Maiden Name <i>Mary Amelia Sies</i> | | | Mother's Birthplace <i>Maryland</i> | |
| Name of person giving information <i>Ernest B. Dell</i> | | | How related to deceased <i>Father</i> | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Congenital heart disease</i> | | | How long <i>150</i> | |
| | Immediate <i>Asphyxia</i> | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician <i>Henry M. Fitzhugh</i> | |
| | | | | Address <i>Westminster Md</i> | |
| Accident or Suicide? | | | | | |

Stoner
Westminster
Cemetery

Name
in
Full

Andrew J. Eckard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Taneytown ^{County} Carroll MARYLAND

Date of death 1908 ^{Month} May ^{Day} 7 ^{Age} 75 ^{Years} 3 ^{Months} 12 ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Ind

Occupation Retired Hucker Where Residing if not at place of death

Married, ~~Single~~ Married ^{Name of Wife or Husband} Matilda Eckard

Father's Name John Eckard ^{Father's Birthplace} Ind

Mother's Maiden Name Louisa Bell ^{Mother's Birthplace} Ind

Name of person giving information Alice S. Fries ^{How related to deceased} Daughter

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Old age & Grippe ^{How long} 3 weeks

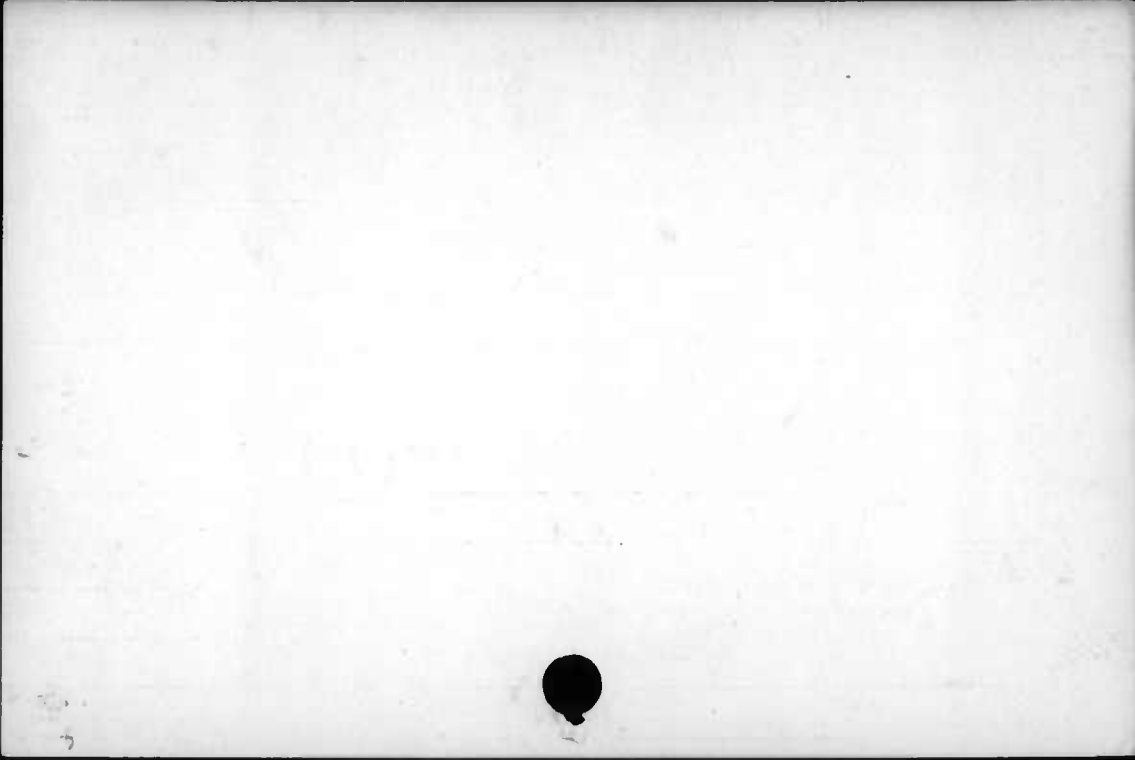
Immediate Exhaustion ^{How long} 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Fries

Address Taneytown Ind.

Accident or Suicide? No



Alma May Egans

Town

County

Died at Union Bridge

MARYLAND

| Date | Month | Day | Y. | M. | D. | Native of | Occupation |
|--------|---------|---------|---------|----------|----|---------------------------|------------|
| 1908 | 5 | 5 | 0 | 5 | 5 | Wid | none |
| Male | White | Married | Widow | Divorced | | | |
| Female | Colored | Single | Widower | | | Number of children living | |

Husband of _____
 Wife

Father's Name E. J. Egans

Mother's Name Ellen May Hollander

Cause of Death { Primary Acute Bronchitis
 Immediate Suffocation

How long sick 4 weeks

Death { Immediate Suffocation (90)
 Accident, Suicide, Homicide

Reported by J. H. Legg, M.D.

Address Union Bridge W.

Father's birthplace - Penna.

Mother's birthplace - Hagerstown Md.

Name
in
Full

Francis W. Gornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---|------------------------------------|-----------------|----------------|
| Died at <u>Woodbine</u> Town | | <u>Carroll</u> County | | MARYLAND | |
| Date of death <u>1908</u> | Month <u>5</u> | Day <u>13</u> | Age <u>67</u> | Months <u>2</u> | Days <u>21</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place <u>Carroll Co. Md.</u> | | |
| Occupation <u>Farming</u> | | Where Residing if not at place of death <u>Woodbine - Md.</u> | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Mary E. Gornell</u> | | | | |
| Father's Name <u> Aaron Gornell (deceased)</u> | Father's Birthplace <u>Unknown</u> | | | | |
| Mother's Maiden Name <u>Unknown</u> | Mother's Birthplace <u>Unknown</u> | | | | |
| Name of person giving information <u>Howard Gornell</u> | | How related to deceased <u>Son.</u> | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Tuberculous Enteritis</u> | How long <u>3 yrs.</u> |
| Immediate <u>" acute</u> | How long <u>4 mo</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>E D Bruce K</u> |
| | Address <u>Winfield Carroll Co.</u> |
| Accident or Suicide? | |

Morgan Chapel

Name
in
Full

Lucinde Catharin Haifley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Drizzellburg* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *May* ^{Day} *11* Age ^{Years} *65* ^{Months} *6* ^{Days} *2*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *Drizzellburg*

Married ^{Single} ^{Widowed} Name of Wife or Husband *Ephraim Haifley*

Father's Name *David Routen* Father's Birthplace *Maryland*

Mother's Maiden Name *Luzan Little* Mother's Birthplace *Maryland*

Name of person giving information *John J. Haifley* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Nephritis Chronic Interstitial - 6 mos -*

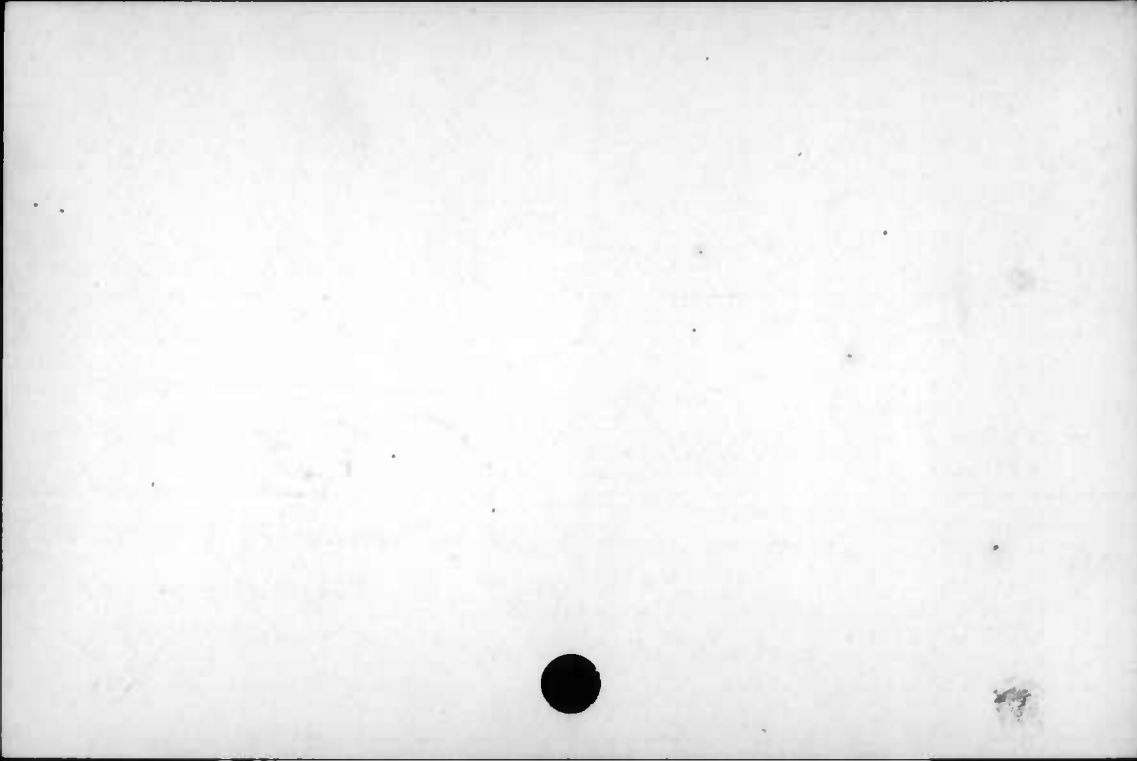
Immediate *Exhaustion* ^{How long} *4 8 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

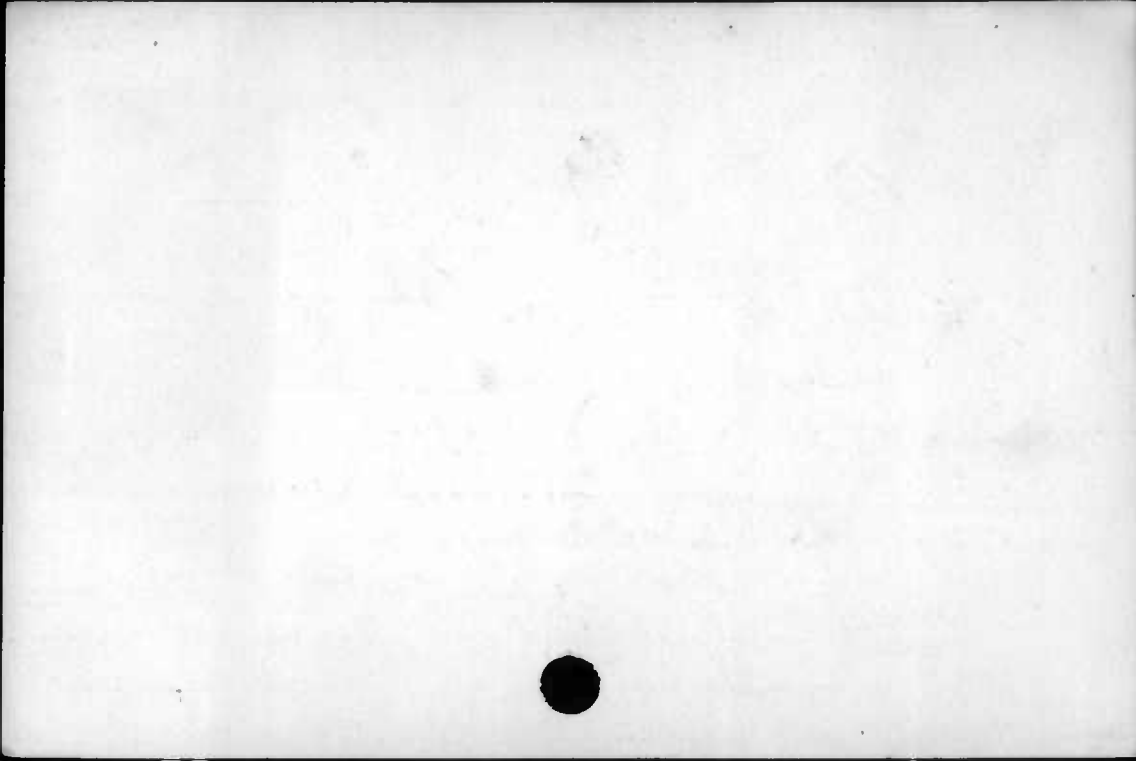
Signature of Physician *Chas. R. Fouts*

Address *Westminster Md.*

Accident or Suicide? *no*



| Name in Full | | Premature Infant | | | | CERTIFICATE OF DEATH | |
|--|--|--|-----------------------|---|--|----------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Westminster</i> Town, | | <i>Carroll</i> County | | MARYLAND | | |
| | Date of death <i>1908</i> | Month <i>May</i> | Day <i>17</i> | Age <i>0</i> Years | Months <i>0</i> | Days <i>0</i> | |
| | Sex <i>Male</i> | Color or Race <i>white</i> | | Birth-place <i>Md.</i> | | | |
| | Occupation <i>none</i> | | | Where Residing if not at place of death _____ | | | |
| | Married, Single or Widowed <i>single</i> | Name of Wife or Husband <i>no</i> | | | | | |
| | Father's Name <i>Charles Harris</i> | Father's Birthplace <i>Md.</i> | | | | | |
| | Mother's Maiden Name <i>Edna Huff</i> | Mother's Birthplace <i>Md.</i> | | | | | |
| Name of person giving information <i>Mrs Edward Huff</i> | | How related to deceased <i>Grandmother</i> | | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | <i>Prematurity</i> | | How long <i>151</i> | | |
| | Immediate | | <i>Exhaustion</i> | | How long <i>3 1/2 hours</i> | | |
| | Are the name, age, sex, color, date and place correctly given above? | | <i>yes</i> | | Signature of Physician <i>Chas. R. Foutz</i> | | |
| | | | | | Address <i>Westminster</i> | | |
| | Accident or Suicide? | | _____ | | <i>Md.</i> | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

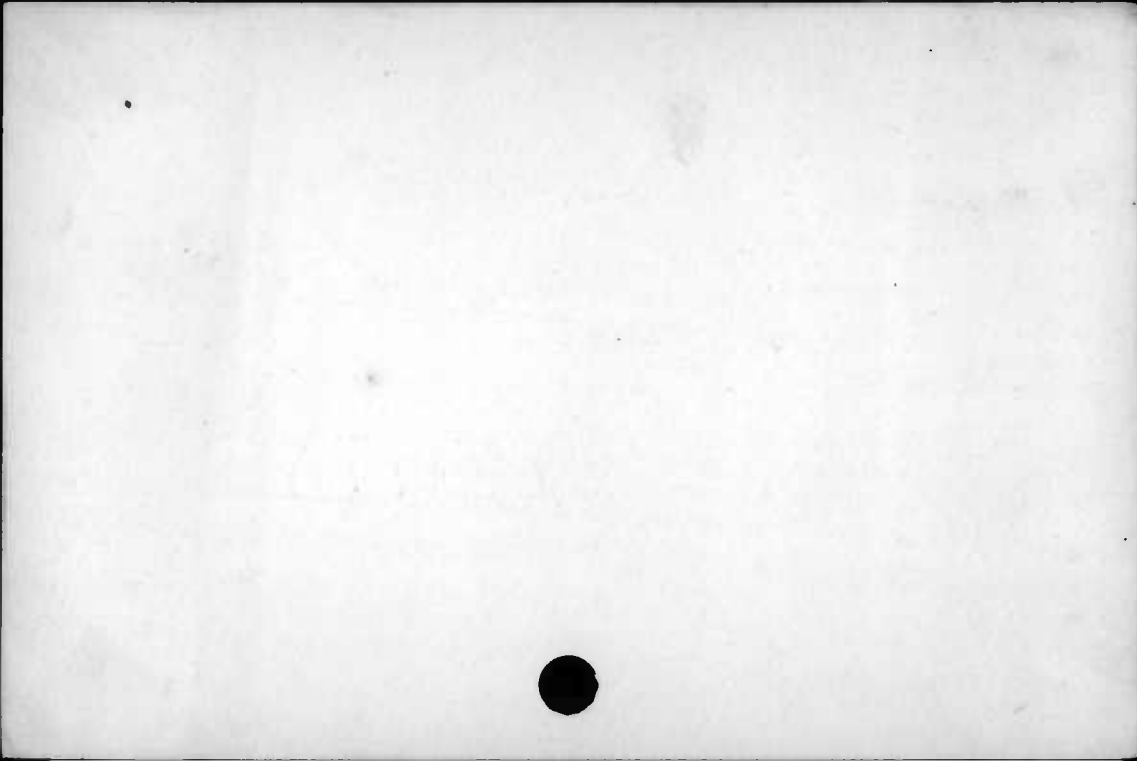
Died at *Greenmount* Town *Carroll* CountyDate of death *1908* Month *May* Day *18* Age *26* Months *6* Days *25*Sex *Female* Color or Race *White* Birth-place *Greenmount.*Occupation *House wife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Harry B. Hoffacher.*Father's Name *Benjamin F. Bosley* Father's Birthplace *Greenmount.*Mother's Maiden Name *Mary S. Morelock* Mother's Birthplace *Uniontown.*Name of person giving information *Harry B. Hoffacher.* How related to deceased *Husband.*

CAUSES OF DEATH

94

Primary *Chronic Neurosy* How long *Seven months*Immediate *Exhaustion + Heart failure.* How long *One hour*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. Preston M. Mearns*Address *Greenmount Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

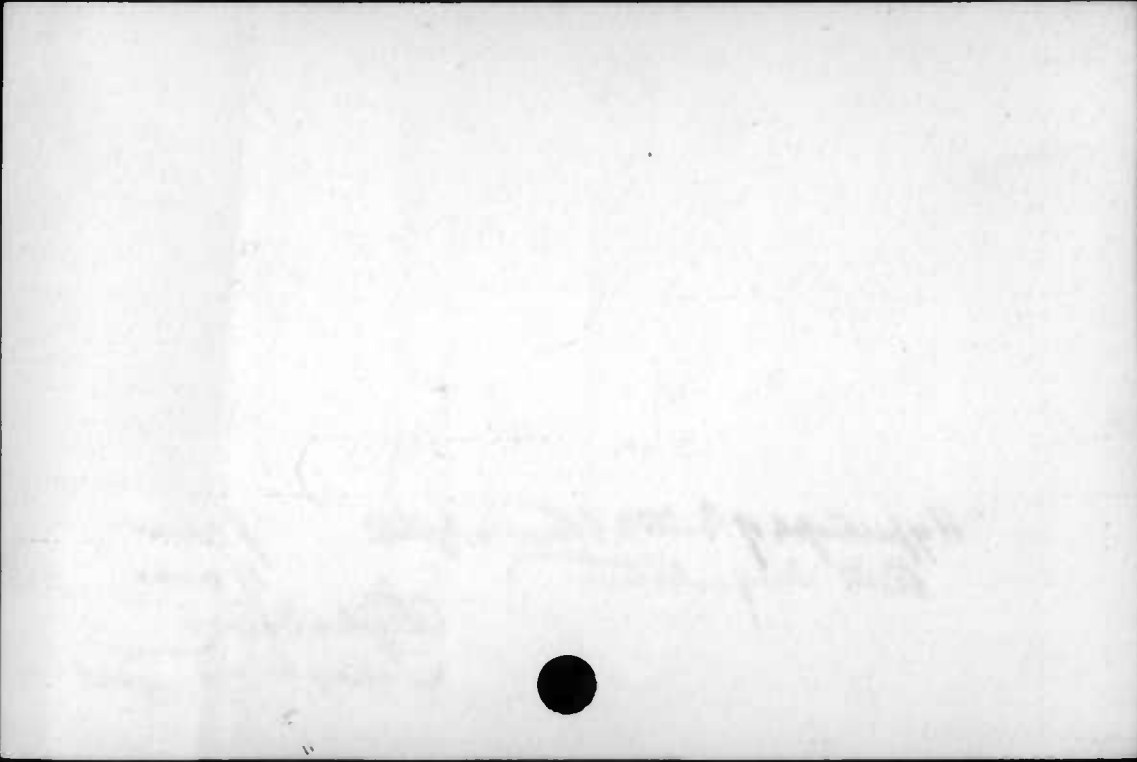
| | | | | | | | |
|-----------------------------------|--------------------|----------------------|-------------------------|---|-----------------|-------------------------|-------------|
| Died at <i>Sams Creek.</i> | | Town <i>Carroll.</i> | | County | | MARYLAND | |
| Date of death | 1908 | Month | May | Day | 9 | Years | 61 |
| Sex | Female | | Color or Race | White. | | Birth-place | Maryland. |
| Occupation | House wife | | | Where Residing if not at place of death | | Sams Creek. | |
| Married, Single or Widowed | Widow. | | Name of Wife or Husband | | Wesley J. Hurw. | | |
| Father's Name | L. Dennis Shipley. | | | | | Father's Birthplace | Maryland. |
| Mother's Maiden Name | Elizabeth Edwards. | | | | | Mother's Birthplace | Maryland. |
| Name of person giving information | John Baker | | | | | How related to deceased | Son in law. |

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | 2 1/2 hours |
| Yes | Signature of Physician |
| Accident or Suicide? | Address |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------|-----------------------|-------------------------|----------------------|----|
| Died at <i>Taneytown</i> | | County <i>Carroll</i> | | MARYLAND | |
| Date of death | 1908 | Month | May | Day | 3 |
| Age | 73 | Years | | Months | 7 |
| | | | | Days | 11 |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | |
| Occupation | <i>Merchant</i> | | Birth-place | <i>Mod</i> | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | <i>Married</i> | | Name of Wife or Husband | <i>Phoebe Kroons</i> | |
| Father's Name | <i>Henry Kroons</i> | | Father's Birthplace | <i>Unknown</i> | |
| Mother's Maiden Name | <i>Eliza Fuss</i> | | Mother's Birthplace | <i>Unknown</i> | |
| Name of person giving information | <i>Harry Kroons</i> | | How related to deceased | <i>Son</i> | |

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

| | | | |
|--|---|------------------------|----------------|
| Primary | <i>Hypertrophy of Prostate & Chronic Cystitis</i> | How long | <i>7 years</i> |
| Immediate | <i>Auto-Infection</i> | How long | <i>4 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | <i>Charles D. Roop</i> | |
| | | Address | |
| | | <i>Taneytown Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Samuel Franklin Lonsdale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------|---|-----|------------------------|------|
| Died at <i>Lytleville</i> | | County <i>Carroll</i> | | MARYLAND | |
| Date of death | 1908 | Month | May | Day | 6 |
| Age | | Years | | Months | Days |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Ind</i> | |
| Occupation <i>Retired Farmer</i> | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Widower</i> | | Name of Wife or Husband <i>Elceod Frances Victoria Robinson</i> | | | |
| Father's Name <i>Thos Lonsdale</i> | | Father's Birthplace <i>Ohio</i> | | | |
| Mother's Maiden Name <i>Harriet Franklin</i> | | Mother's Birthplace <i>Ind</i> | | | |
| Name of person giving information <i>Harriet F Lonsdale</i> | | How related to deceased <i>Daughter</i> | | | |

CAUSES OF DEATH

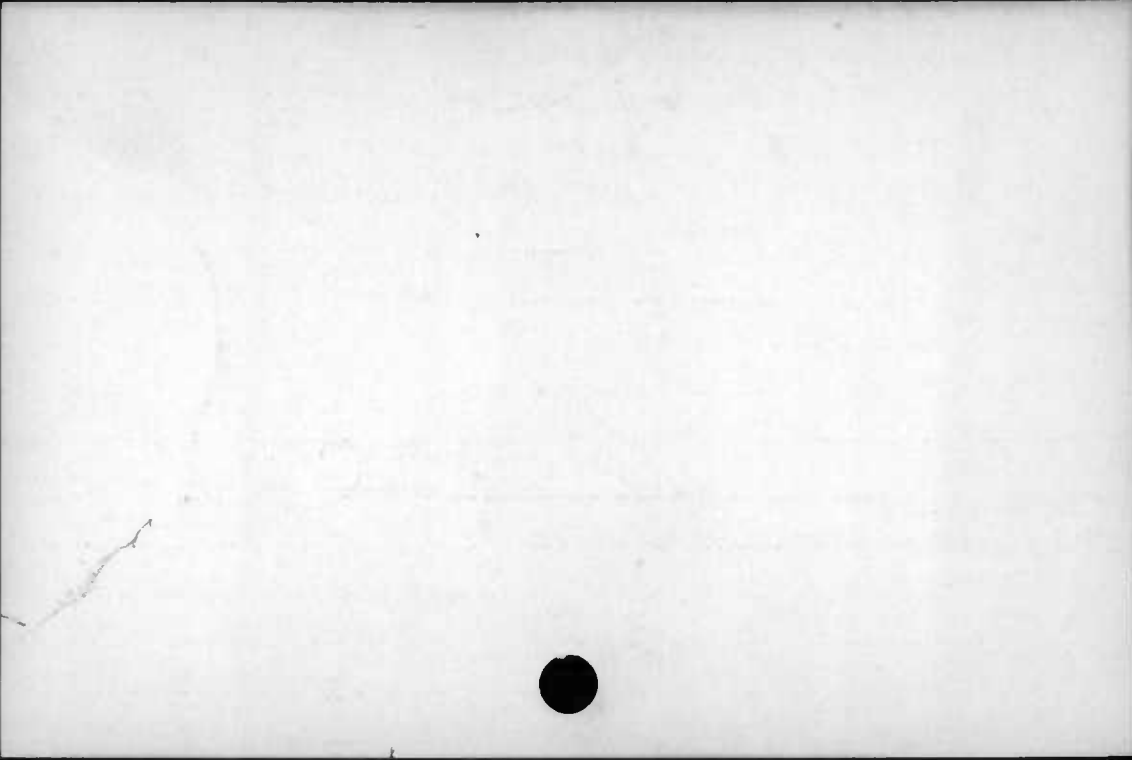
79

PHYSICIAN
OR CORONER

| | | | |
|---|------------------------------|--|------------------------|
| Primary | <i>Organic Heart Disease</i> | How long | <i>About 1 year</i> |
| Immediate | <i>Effects of same</i> | How long | <i>About 48 hours.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>C. H. Steffinger</i> | |
| | | Address <i>Lytleville</i> | |
| Accident or Suicide? | | <i>Ind</i> | |



| | | | | | | | | |
|-----------------------------------|--|--|--|---------------------------|-------------------|----------------------------|-------------|-----------------|
| Name in Full | | Rachel Ann Menchey | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town 6th district | County Carroll | MARYLAND | | |
| | | Date of death | | Month 5 | Day 14 | Years 65 | Months 1 | Days 14 |
| | | Sex | | female | | Color or Race | | white |
| | | Occupation | | None (Formerly wife) | | Birth-place | | Pennsylvania |
| | | Married, Single or Widowed | | married | | Name of Wife or Husband | | William Menchey |
| | | Father's Name | | Jacob Baun | | Father's Birthplace | | unknown |
| | | Mother's Maiden Name | | Sarah Wine | | Mother's Birthplace | | unknown |
| Name of person giving information | | Wm Menchey | | How related to deceased | | husband | | |
| | | CAUSE OF DEATH | | | | 79 | | |
| PHYSICIAN OR CORONER | | Primary | | Organic disease of heart. | | How long uncertain | | |
| | | Immediate | | Oedema of Lungs. | | 10 weeks under observation | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | yes | | How long 1 week | | |
| | | Signature of Physician | | John S Ziegler M.D. | | Address | | |
| | | Accident or Suicide? | | no. | | Melrose | | |
| | | | | | | Mld | | |



Name in Full

Certificate of Death

Elizabeth Moore

Town

County

Died at Union Bridge

Carroll

MARYLAND

1908 Date 189
 Month 5 Day 6 Age 6 Y. M. D. Native of Md Occupation House

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
ofFather's
Name

Willard Moore

Mother's
Name

Emma Moore

Cause of Death { Primary Post pneumonia & Passive congestion 4 wks
 Immediate General asthma
 How long sick
 Accident, Suicide, Homicide

Reported by

Address

Dr. J. H. Legg

Union Bridge

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Father's birthplace — Connecticut
Mother's birthplace — Union Bridge, Md.,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant Ohler
Taneytown Carroll

MARYLAND

Date

of death

1908

Month

May

Day

28

Age

Years

Months

4 hours

Sex

female

Color or
Race

white

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John W. Ohler

Father's
Birthplace

md

Mother's
Maiden Name

Rosa Steffen

Mother's
Birthplace

md

Name of person giving
in formation

John W. Ohler

How related
to deceased

Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

js

Signature of
Physician

Let Birnie M. P.

Address

Accident or Suicide?

St. Johns Cemetery Adams Co.
Pa

Name
in
Full367
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Not named — Sachs
 Died at ^{Town} Westminster ^{County} Carroll
 Date of death 1908 ^{Month} May ^{Day} 3rd ^{Age} — ^{Years} — ^{Months} — ^{Days} 4½
 Sex Male Color or Race White Birth-place Md.
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —
 Father's Name Louis Sachs Father's Birthplace Russia
 Mother's Maiden Name Rosa Wolf. Mother's Birthplace New York.
 Name of person giving information Louis Sachs How related to deceased Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary Convulsions — How long 8 hours
 Immediate Exhaustion How long 3 hours —

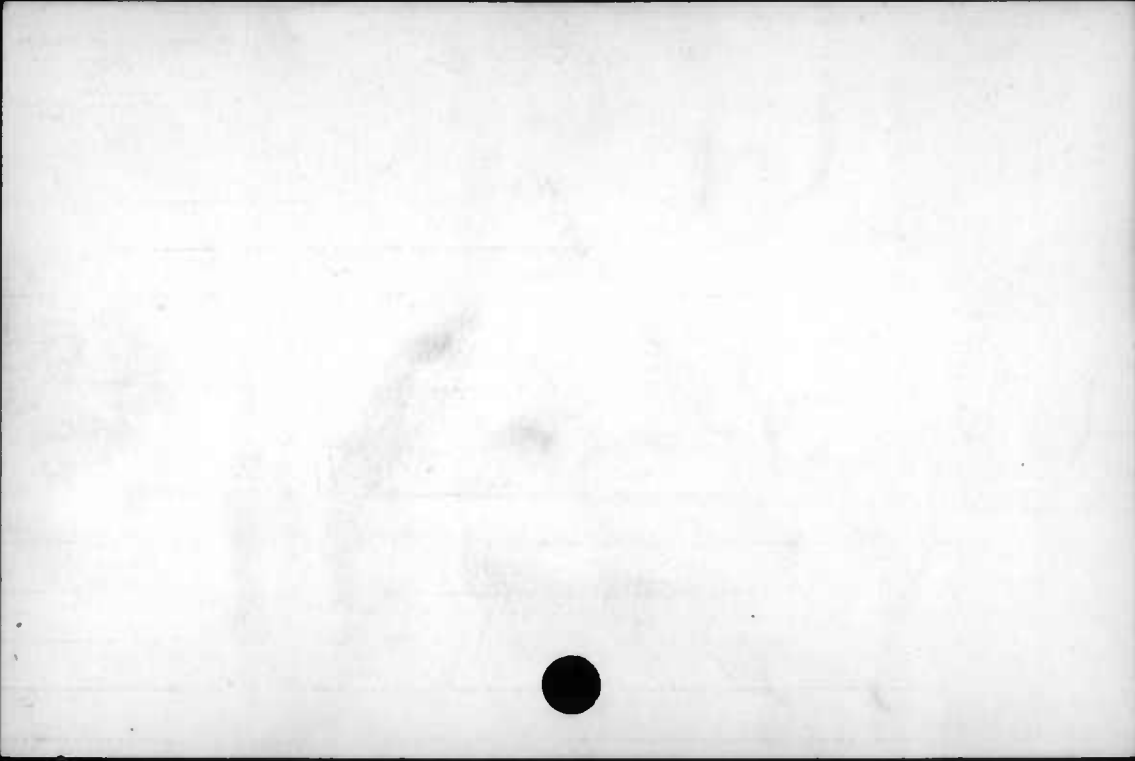
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Chas. R. Foutz
 Westminster
 Md.

Accident or Suicide? —



Name
In
Full

Lucy C. Sheppard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

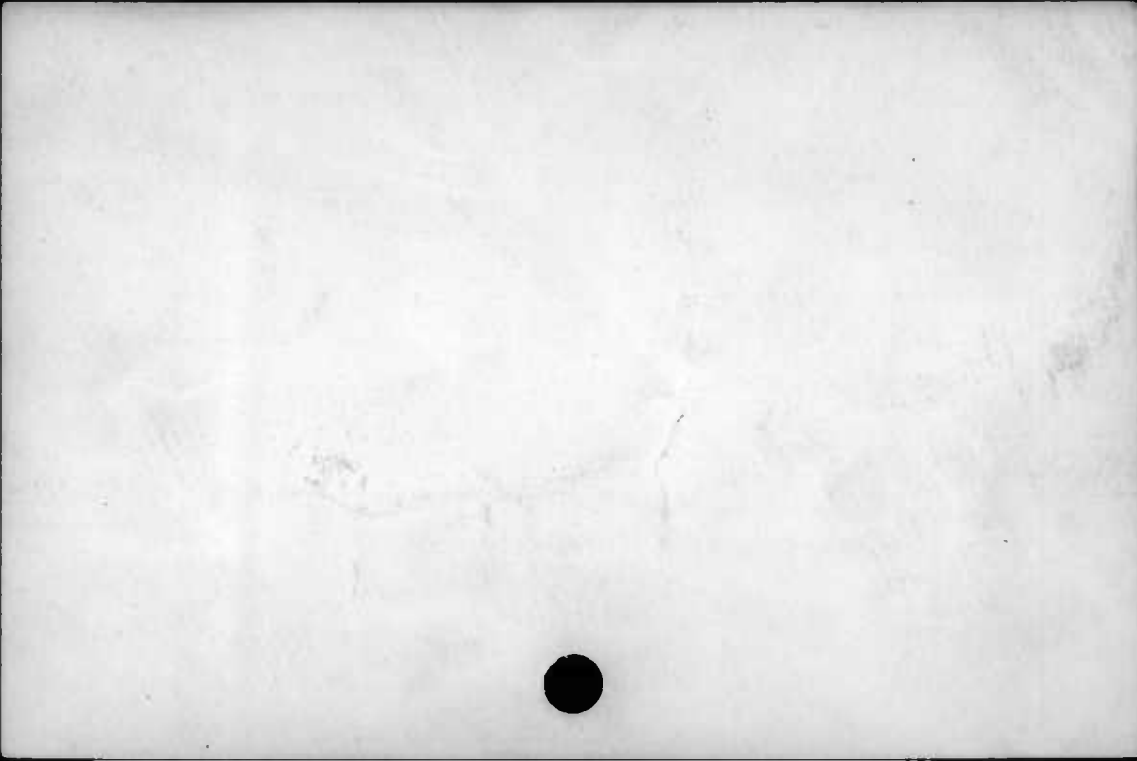
| | | | | | |
|---|--|--|---------------|-------------------------------------|---------------------------------|
| Died ^{near} <i>Lykesville</i> Town | | County <i>Carroll</i> | | MARYLAND | |
| Date of death <i>1908</i> | | Month <i>5</i> | Day <i>10</i> | Age <i>28</i> | Months <i>13</i> Days <i>13</i> |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Carroll Co., Md.</i> | |
| Occupation <i>House wife</i> | | Where Residing if not at place of death <i>was Lykesville, Md.</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Levi E. Sheppard</i> | | | |
| Father's Name <i>Darius Cook</i> | | Father's Birthplace <i>Carroll Co., Md.</i> | | | |
| Mother's Maiden Name <i>Mary Jane Rheubottoms</i> | | Mother's Birthplace <i>Howard Co., Md.</i> | | | |
| Name of person giving information <i>Levi E. Sheppard</i> | | How related to deceased <i>Husband</i> | | | |

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Eclampsia (Post Partum)</i> | How long <i>4 days</i> |
| Immediate <i>Pulmonary Edema</i> | How long <i>6 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Chas. J. Carey</i> |
| | Address <i>Lykesville</i> |
| -Accident or Suicide? <i>-</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|---|--|----------------------------------|----------------------------|----------------------------|---------------------------|
| Died at <i>New Windsor</i> ^{Town} | | <i>Carroll</i> ^{County} | | | |
| Date of death <i>1908 May</i> | | <i>8</i> ^{Day} | <i>09</i> ^{Years} | <i>6</i> ^{Months} | <i>19</i> ^{Days} |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Maryland</i> | | | |
| Occupation <i>Domestic help</i> | Where Residing if not at place of death <i>New Windsor</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Dennis Shipley</i> | Father's Birthplace <i>Maryland</i> | | | | |
| Mother's Maiden Name <i>Unknown</i> | Mother's Birthplace <i>Id</i> | | | | |
| Name of person giving information <i>Winfield Drach</i> | How related to deceased <i>None</i> | | | | |

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Influenza</i> | How long |
| Immediate <i>Coronaries and pulmonary congestion</i> | How long <i>Two weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Edw. Brown M.D.</i> |
| | Address <i>New Windsor Md</i> |
| Accident or Suicide? | |



Name
in
Full

Inman William Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------|-------------------|----------------------------------|---|-------------------------|------------------|
| Died at <u>Bloom</u> ^{Town} | | <u>Carroll</u> ^{County} | | MARYLAND | |
| Date of death | 1908 | Month | 5 | Day | 30 |
| Age | 2 | Years | 3 | Months | 19 |
| Sex | Male | Color or Race | White | Birth-place | Carroll Co., Md. |
| Occupation | — | | Where Residing if not at place of death <u>Bloom, Md.</u> | | |
| Married, Single or Widowed | Single | Name of Wife or Husband — | | | |
| Father's Name | William Smith, | | | Father's Birthplace | Carroll Co., Md. |
| Mother's Maiden Name | Carrie B. Wagner | | | Mother's Birthplace | " " " |
| Name of person giving information | Carrie B. Wagner, | | | How related to deceased | Mother, |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|------------------------|------------------------------|
| Primary | <u>Acute Indigestion</u> | How long | <u>2 days</u> |
| Immediate | <u>Convulsions</u> | How long | <u>3 hrs.</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician | <u>E. W. C. Cook</u> |
| | | Address | <u>Winfield Carroll, Co.</u> |
| Accident or Suicide? | | | |

Salem

Name
in
Full357
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name *Levi N. Snader* Town *Westminster* County *Sevier* MARYLAND

Died at *Westminster*

Date of death *1908* Month *May* Day *24* Age *80* Years Months *2* Days *22*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Retired Merchant* Where Residing if not at place of death *—*

Married, Single or Widowed *Widower* Name of Wife or Husband *Lucretia Lerach*

Father's Name *Jacob Snader* Father's Birthplace *Maryland*

Mother's Maiden Name *Maria Vaile* Mother's Birthplace *do*

Name of person giving information *R. N. Snader* How related to deceased *Son*

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary *Senile Gangrene* How long *1 month*

Immediate *" "* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. R. Bott*

Address *Westminster Md*

Accident or Suicide? *—*



Name
in
Full

George Russell

Stanner.

356

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminister

Town

Carroll

County

MARYLAND

Date of death 1907 May 13

Month

Day

Age

Years

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George

Stanner

Fether's
Birthplace

Maryland

Mother's
Maiden Name

Ada

Shaeffer

Mother's
Birthplace

Maryland

Name of person giving
In formation

George

Stanner

How related
to deceased

Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Cor pulmon

How long

2 days

Immediate

A fever

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. H. Billingslea M.D.

Westminister Md

Accident or Suicide?

No

St. Benjamins Cemetery
(Stoner.)

Name
in
Full

Catherine Stonesifer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Pleasant Valley^{County} Carroll

Date of death 1908

Month May

Day 10

Age

Years 70

Months 4

Days 18

Sex Female

Color or Race

White

Birth-place

Occupation

House Wife

Where Residing if not at place of death

Pleasant Valley

Married, Single or Widowed

Married

Name of Wife or Husband

Joseph Stonesifer

Father's Name

Isaac Stonesifer

Father's Birthplace

Carroll Co

Mother's Maiden Name

Mary Brown

Mother's Birthplace

Carroll Co

Name of person giving information

Husband

How related to deceased

Husband

CAUSES OF DEATH

77

Primary

Pericarditis

How long

4 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

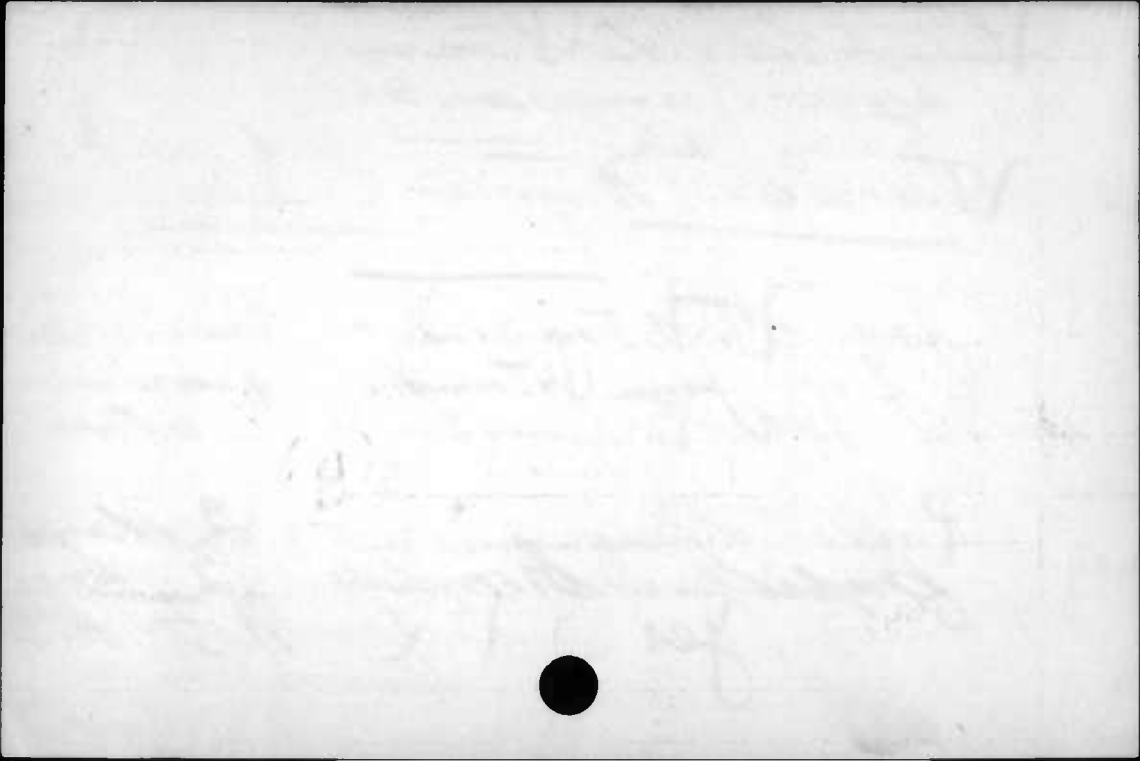
Signature of Physician

Address

J. J. Stewart
Bryestminster

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Alberta Stonesifer* Town *Deep Run* County *Gambell* MARYLAND

Died at *Deep Run*

Date of death *1908* Month *May* Day *22* Age *22* Years *1* Months *2* Days

Sex *Female* Color or Race *White* Birth-place *Deep Run*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *John W. Stonesifer* Father's Birthplace *Delaware*

Mother's Maiden Name *Ellen Jane Stonesifer* Mother's Birthplace *Union Mills*

Name of person giving information *John W. Stonesifer* How related to deceased *Father*

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary *Rubella (Scarlet fever)* How long *2 days*

Immediate *Gastric and Bronchitis* *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Lewis Wetzel, M.D.*

Address *Union Mills, Pa.*

Accident or Suicide? _____



Bessie Gretchen Tolbert

Born April 22 1904

Died May 15 1908

She was the second
Daughter of Clara A Tolbert

| | | | | | | | |
|--------------------|--|--|---|---------|------------------------|-------------------------|--------|
| Name in Full | | Still Boris Trechler | | | | No 353 | |
| | | Town | | County | | CERTIFICATE OF DEATH | |
| | | Died at Westminister | | Carroll | | MARYLAND | |
| | | Date | Month | Day | Years | Months | Days |
| | | of death 1908 | May | 15 | Age | | |
| | | Sex Female | Color or Race white | | Birth-place | Md | |
| | | Occupation none | Where Residing if not at place of death | | | | |
| | | Married, Single or Widowed single | Name of Wife or Husband | | | | |
| | | Father's Name | Charles Edward Trechler | | | Father's Birthplace | Md |
| | | Mother's Maiden Name | Anna Mary Close | | | Mother's Birthplace | Md |
| | | Name of person giving information | Anna Mary Close | | | Now related to deceased | Mother |
| | | CAUSES OF DEATH | | | | | |
| | | Primary | Premature Labor | | | How long | |
| | | Immediate | | | | How long | |
| | | Are the name, age, sex, color, date and place correctly given above? | yes | | Signature of Physician | Chas. R. Foutz | |
| | | Illegitimate Child | | | Address | Westminster Md. | |
| | | Accident or Suicide? | | | | | |



Name
in
Full350
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-----------------------|-----------------------------|---------------------|--------------------------------|
| Died at <i>Westminster</i> Town | | County <i>Carroll</i> | | MARYLAND | |
| Date of death | 1908 | Month <i>May</i> | Day <i>2</i> | Age <i>60</i> Years | Months <i>5</i> Days <i>27</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>Expressman</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Sarah Boose</i> | | | | |
| Father's Name <i>George. Utz</i> | Father's Birthplace <i>Maryland</i> | | | | |
| Mother's Maiden Name <i>Hannah Haines</i> | Mother's Birthplace <i>do</i> | | | | |
| Name of person giving information <i>Sarah. Utz</i> | How related to deceased <i>Wife</i> | | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>uraemia</i> | How long |
| Immediate <i>Pulmonary Edema</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Henry H. Fiftner</i> |
| | Address <i>Westminster</i> |
| Accident or Suicide? | |

Wesheimer

Name
in
Full

CERTIFICATE OF DEATH

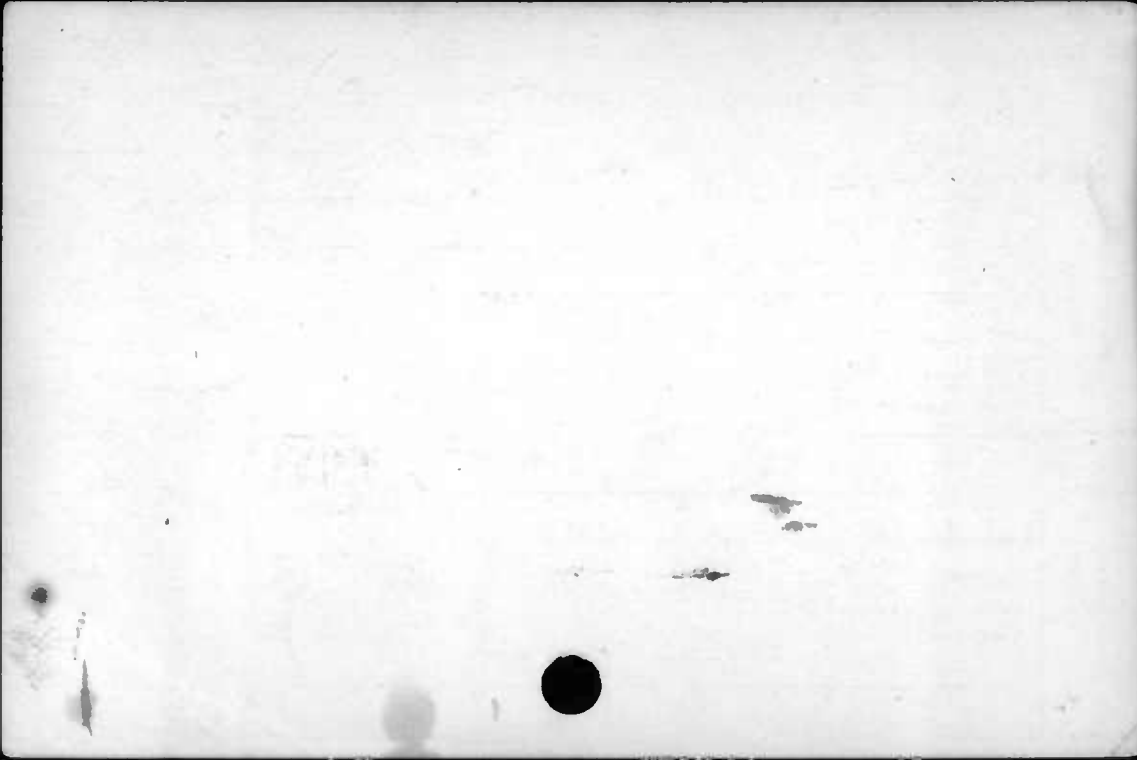
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|--------------------------------------|--|-----------------------|--|
| Name <i>John Wrigle Jr.</i> | | Town <i>Westminster</i> | | County <i>Carroll</i> | | MARYLAND | |
| Died at | | Date of death <i>1908</i> | | Month <i>May</i> | | Day <i>5</i> | |
| Age | | Years | | Months | | Days <i>1 hour</i> | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Westminster Md</i> | | | |
| Occupation | | Where Residing if not at place of death <i>same</i> | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name <i>John N. Wrigle</i> | | Father's Birthplace <i>Gettysburg Pa</i> | | | | | |
| Mother's Maiden Name <i>Phemie Wrigle</i> | | Mother's Birthplace <i>Adams Co. Pa</i> | | | | | |
| Name of person giving information <i>Mrs. John Wrigle</i> | | How related to deceased <i>mother</i> | | | | | |

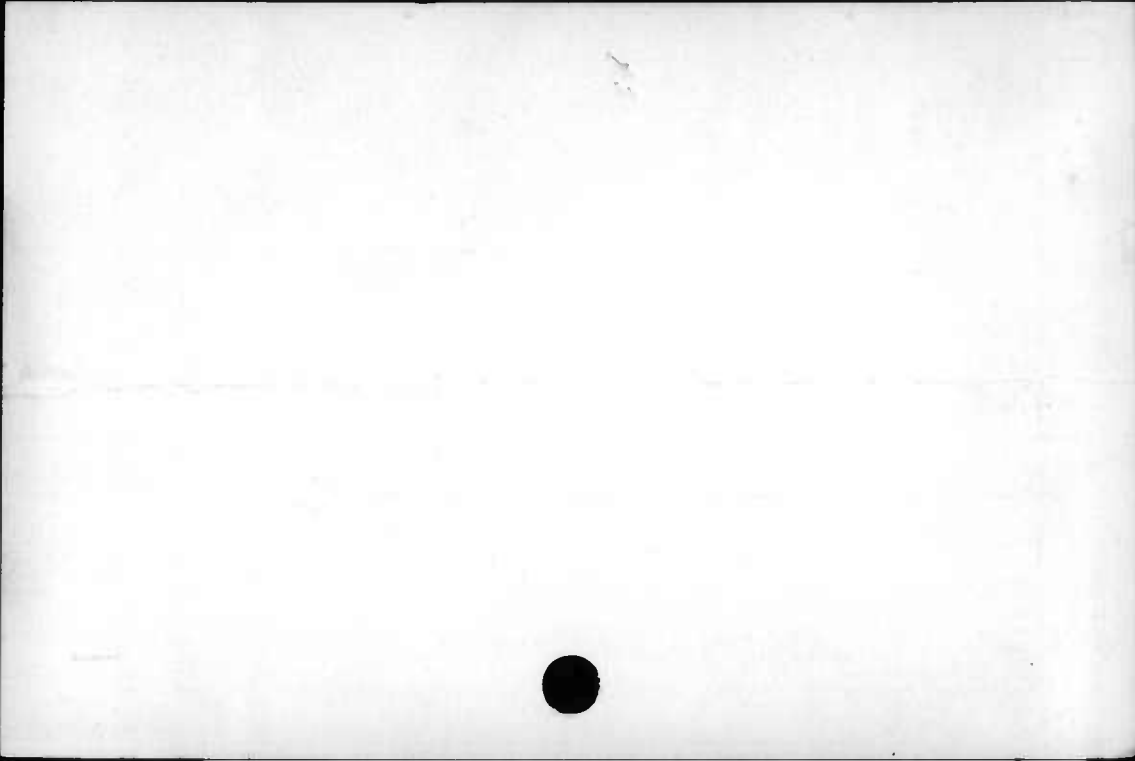
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|----------------------------|---|
| Primary | <i>Premature Birth</i> | How long <i>1 hour</i> |
| Immediate | <i>Asphyxia Neonatorum</i> | How long <i>1 hour</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician <i>Lewis Woodward</i> |
| | <i>no</i> | Address <i>Westminster Md</i> |
| Accident or Suicide? <i>no</i> | | |



| Name in Full | | CERTIFICATE OF DEATH | | | | | |
|---|--|---|---|---|---------------|--------|------|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Springfield Hosp.</i> | | County <i>Carroll</i> | | | |
| | | Town <i>Springfield</i> | | State <i>MARYLAND</i> | | | |
| | | Date of death <i>1908</i> | Month <i>May</i> | Day <i>26</i> | Age <i>46</i> | Months | Days |
| | | Sex <i>male</i> | Color or Race <i>White</i> | Birth-place <i>md</i> | | | |
| | | Occupation <i>Painter</i> | Where Residing if not at place of death | | | | |
| | | Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Margaret Wiley</i> | | | | |
| Father's Name <i>Jeremiah Wiley</i> | | Father's Birthplace <i>Va</i> | | | | | |
| Mother's Maiden Name <i>Livia Curtis</i> | | Mother's Birthplace <i>Va</i> | | | | | |
| Name of person giving information <i>Hospital records</i> | | How related to deceased | | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>General Paresis</i> | | How long <i>2 yrs</i> | | | |
| | | Immediate <i>Cerebral congestion</i> | | How long <i>2 wks.</i> | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Chas. J. Leancy</i> | | | |
| | | | | Address <i>Lynchville md.</i> | | | |
| | | Accident or Suicide? <i>No</i> | | | | | |



Name
in
Full

Julia A Wilhide

354
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

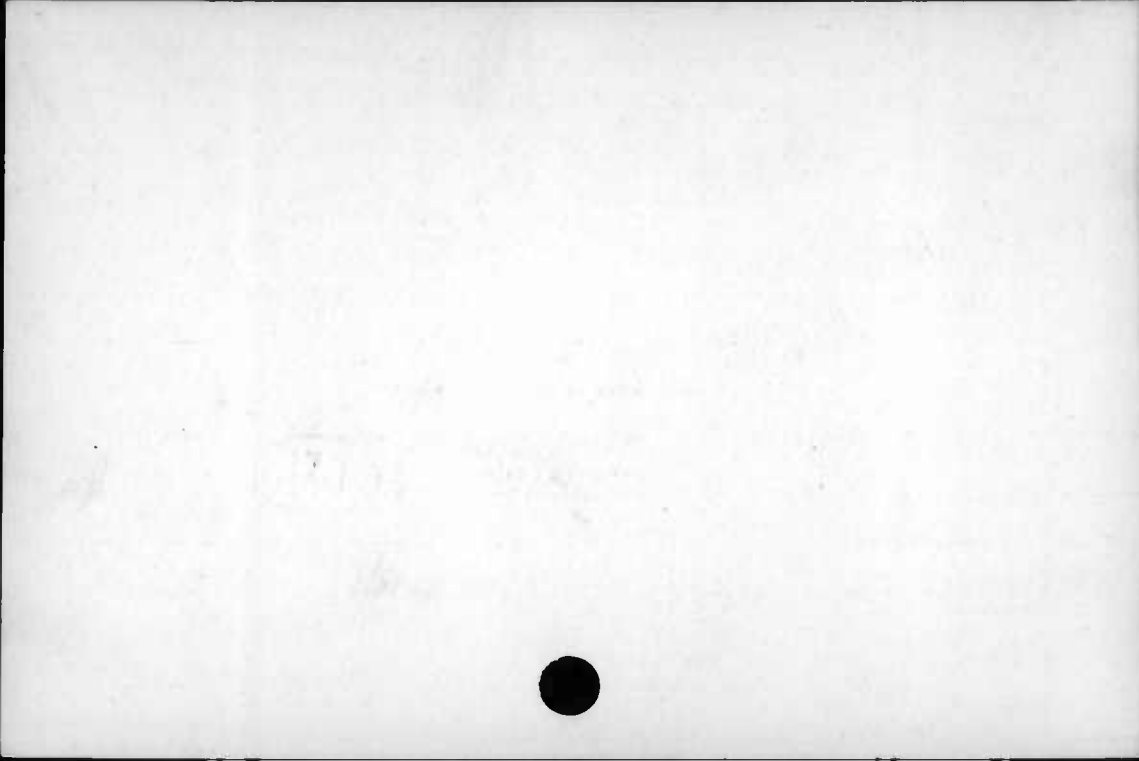
| | | | | | |
|---|--|-----------------------|-----------------------------|-----------------|----------------|
| Died at <i>Westminster</i> Town | | County <i>Carroll</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>May</i> | Day <i>14</i> | Age <i>82</i> | Months <i>6</i> | Days <i>14</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>General house work</i> | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Widow</i> | Name of Wife or Husband <i>Samuel Wilhide</i> | | | | |
| Father's Name <i>Don't Know</i> | Father's Birthplace <i>Unknown</i> | | | | |
| Mother's Maiden Name <i>" "</i> | Mother's Birthplace <i>Unknown</i> | | | | |
| Name of person giving information <i>John Wilhide</i> | How related to deceased <i>Son</i> | | | | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | |
|--|----------------|---|
| Primary | <i>Old Age</i> | How long |
| Immediate | | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician <i>E. M. Sullivan</i> |
| | | Address <i>146 Main St. Westminster Md.</i> |
| Accident or Suicide? | | |



Name
in
Full

Infant Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-------------------|-------------------------------|--|-----------------------------------|------------------|
| Died at Town <i>Bloom</i> | | County <i>Carroll</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>5</i> | Day <i>7</i> | Age Years | Months | Days <i>2</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth- place <i>Bloom. Md.</i> | |
| Occupation — | | | Where Residing if not at place of death <i>Bloom. Md.</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband — | | | |
| Father's Name <i>Ephraim Williams</i> | | | Father's Birthplace <i>Carroll Co., Md.</i> | | |
| Mother's Maiden Name <i>Russie C. Fizzell</i> | | | Mother's Birthplace <i>Carroll Co., Md.</i> | | |
| Name of person giving information <i>Ephraim Williams</i> | | | How related to deceased <i>Father,</i> | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Unknown</i> | How long <i>2 days</i> |
| Immediate <i>"</i> | How long <i>"</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. O. Allen</i> |
| | Address <i>Winfield & Rawls</i> |
| Accident or Suicide? | |

Deer Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

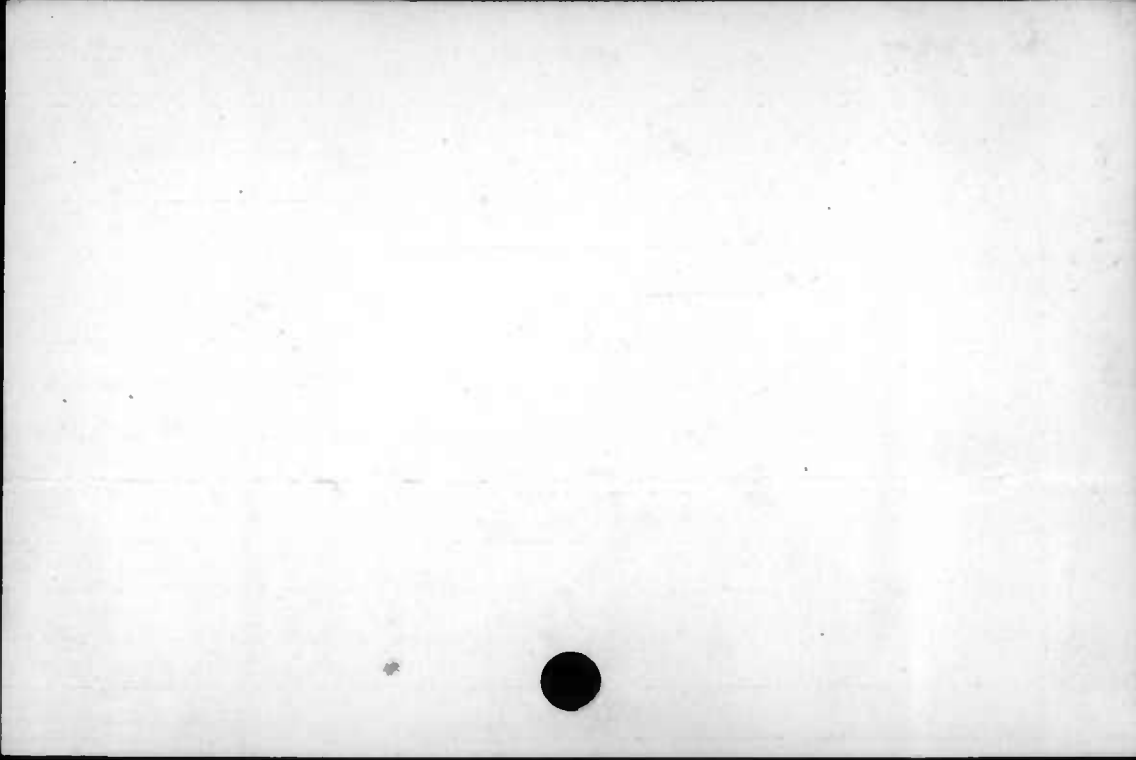
| | | | | | |
|---|-------------------------|-------------------------|----------|-------------------------|-----------------|
| Died at <i>Linwood</i> Town | | <i>Carroll</i> County | | MARYLAND | |
| Date of death | 1908 | Month | May | Day | 20 |
| Sex | Male | Color or Race | Black | Years | 23 |
| Occupation | Labour | Birth-place | Maryland | Months | |
| Where Residing if not at place of death | | <i>Linwood</i> | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | |
| Father's Name | <i>Thomas A. Willis</i> | | | Father's Birthplace | <i>Maryland</i> |
| Mother's Maiden Name | <i>Bell E. Lavar</i> | | | Mother's Birthplace | <i>Maryland</i> |
| Name of person giving information | <i>Jessie R. Willis</i> | | | How related to deceased | <i>Brother</i> |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------------------|------------------------|--------------------------|
| Primary | <i>Double Pulmonary Tuberculosis</i> | How long | <i>3 years</i> |
| Immediate | <i>General atheroma</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>T. H. Legg</i> |
| | | Address | <i>Union Bridge, Md.</i> |
| Accident or Suicide? | <i>No</i> | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|---|--|-----------------|--|
| Name in Full <i>Ann Elizabeth Grigling</i> | | Town <i>Wayberry</i> | | County <i>Carroll</i> | | MARYLAND | |
| Died at <i>Wayberry</i> | | Month <i>May</i> | | Day <i>17</i> | | Years <i>74</i> | |
| Date of death <i>1908</i> | | Month <i>May</i> | | Day <i>17</i> | | Months <i>4</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Ind</i> | | Days <i>16</i> | |
| Occupation <i>Housewife</i> | | | | Where Residing if not at place of death | | | |
| Married <i>Widowed</i> | | Name of Wife or Husband <i>Uriah Grigling</i> | | | | | |
| Father's Name <i>Jeremiah Singer</i> | | | | Father's Birthplace <i>Ind</i> | | | |
| Mother's Maiden Name <i>Susan Grigling</i> | | | | Mother's Birthplace <i>Ind</i> | | | |
| Name of person giving information <i>Grant - Grigling</i> | | | | How related to deceased <i>Son</i> | | | |

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------|---|---------------|
| Primary | <i>Grip</i> | How long | <i>5 days</i> |
| Immediate | <i>rel ages</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>ye</i> | | Signature of Physician <i>Edwin Hup</i> | |
| | | Address <i>Lary town</i> | |
| Accident or Suicide? | | | |

(C1)